3. Committee Information 1. Type of Recipient Committee Cover Page Campaign Statement Recipient Committee OPTIONAL: FAX / E-MAIL ADDRESS MAILING ADDRESS (IF DIFFERENT) STREET ADDRESS (NO PO BOX) COMMITTTEE NAME PO Box 1174 1015 Elmhurst Dr Committee to Re-Elect Dick Haley Corona City Council 2020 Officeholder, Candidate Controlled Committee General Purpose Committee State Candidate Election Committee Political Party/Central Committee Small Contributor Committee Sponsored dick@dickhaley.org STATE CA STATE ControlledSponsored Primarily Formed Candidate/ Officeholder Committee Primarily Formed Ballot Measure Committee CA through 06/30/2017 I.D. Number Statement covers period ZIP CODE 92878 92880 ZIP CODE AREA CODE/PHONE 01/01/2017 951/751-3372 1337345 Date of Election if applicable 27 PM 4: 30 CITY Dana Hopkins, CPA NAME OF TREASURER OPTIONAL: FAX / E-MAIL ADDRESS STREET ADDRESS NAME OF ASSISTANT TREASURER, IF ANY Riverside 5041 La Mart Dr STREET ADDRESS Treasurer(s) (Month, Day, Year) (951) 788-6135 Type of Statement Amendment Semi-Annual Statement Pre-election Statement Termination Statement C TY C Date Stamp Ste RECEIVED 110 dana@trimblecompany.com STATE STATE CA Supplemental Pre-election Special Odd-Year Statement Quarterly Statement Statement - Attach Form 495 CALIFORNIA Page FORM ZIP CODE ZIP CODE 92507 For Official Use Only 1 of 10 951/781-2910 AREA CODE/PHONE AREA CODE/PHONE COVER PAGE

. Verification

complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein is true and

Executed on		Executed on	Executed on 137 3017	7//	Executed on (27/2017
BY SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT FEBRUARY	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT	SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR	By A & Saley	1	By TOCOM STOCK

Campaign Statement Cover Page - Part 2 Recipient Committee

FORM	CALIFORNIA	COVER PA
400	2	PAGE - PART 2

from

Statement covers period 01/01/2017

Page

2 of 10

through 06/30/2017

b. Officeholder or Candidate Controlled Committee NAME OF OFFICEHOLDER OR CANDIDATE Mr. Richard (Dick) O Haley		6. Primarily Formed Ballot Measure Committee NAME OF BALLOT MEASURE	mittee	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member - City of Corona	STRICT NUMBER IF APPLICABLE)	BALLOT NO, OR LETTER JURISDICTION		SUPPORT
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY STATE ZIP			OPPOSE
1015 Elmhurst Dr Co	CA 9	Identify the controlling officeholder, candidate, or state measure proponent, if any	indidate, or state measure prop	onent, if any.
Related Committees Not Included in this Statement: List any committees	ement: List any committees	NAME OF OFFICEHOLDER OR CANDIDATE OR PROPONENT	JR PROPONENT	
receive contributions or make expenditures on behalf of your candidacy. COMMITTEE NAME	f your candidacy.	OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY	IF ANY
		7. Primarily Formed Candidate/Officehold	Officeholder Committee	
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE OFFICE SOLICHT OF HELD	OFFICE SOLIGHT OF HELD	ally tottled.
COMMITTEE STREET ADDRESS (NO P.O. BOX)				SUPPORT
CITY	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
COMMITTEE NAME	I.D. NUMBER			SUPPORT OPPOSE
NAME OF TREASURER	CONTROLLED COMMITTEE?	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT
COMMITTEE STREET ADDRESS (NO P.O. BOX)				OPPOSE
CITY STATE	ZIP CODE AREA CODE/PHONE	NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	SUPPORT

Campaign Disclosure Statement Summary Page

CALIFORNIA 460

Statement covers period

FPPC Form 480 -(JAN/2016) State of California/SI			3,008.76	19. Outstanding Debts
			0.00	
			\$ 0.00	17. LOAN GUARANTEES RECEIVED Schedule B, Part 2
			\$ 43,037.96	16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15
			8,474.86	15. Cash Payments
* Amounts in this Section may be different from amounts reported in Column B.			44.91	14. Miscellaneous Increases to Cash
	·		1,000.00	13. Cash Receipts
с я <i>ц</i>			\$ 50,467.91	Current Cash Statement 12. Beginning Cash Balance
9	11,483.62	⇔	\$ 8,552.24	11. TOTAL EXPENDITURES MADE
	0.00		0.00	10. Nonmonetary Adjustment
in subject to voluntary expenditure Limits)	3,008.76		77.38	9. Accrued Expenses (Unpaid Bills)
22. Cumulative Expenditures Made *	8,474.86	\$	\$ 8,474.86	8. SUBTOTAL CASH PAYMENTS
for State Candidates	0.00		0.00	7. Loans MadeSchedule H, Line 3
Expenditure Limit Summary	8,474.86	€9	\$ 8,474.86	6. Payments MadeSchedule E, Line 4
				Expenditures Made
Made	1,000.00	€9	1,000.00	5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 \$
ditures	0.00		0.00	4. Nonmonetary Contributions Schedule C, Line 3
↔	1,000.00	€9	\$ 1,000.00	3. SUBTOTAL CASH CONTRIBUTIONS
1/1 through 6/30 7/1 to Date	0.00	ĺ	0.00	2. Loans Received
General Elections.	1,000.00	↔	\$ 1,000.00	1. Monetary Contributions Schedule A, Line 3
Calendar Year Summary for Candidates	Column B CALENDAR YEAR TOTAL TO DATE		Column A TOTAL THIS PERIOD (FROMATTACHED SCHEDULES)	Contributions Received
1337345				
I.D. NUMBER	-		y Council 2020	NAME OF FILER Committee to Re-Elect Dick Haley Corona City
06/30/2017 Page 3 of 10	through _			
01/01/2017 FORM 460	from			summary Page

Schedule A

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ocnequie A	• A			Stateme	Statement covers period	CALIFORNIA	> > > >
Monetar	Monetary Contributions Received			from	01/01/2017	FORM	5
				through _	06/30/2017	Page	4 of 10
NAME OF FILE	NAME OF FILER Committee to Re-Elect Dick Haley Corona City Council 2020	a City Co	ıncil 2020			I.D. NUMBER	
						1337345	7345
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	INESS)	AMOUNT RECEIVED	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
03/08/2017	Corona Town Farmers Market Inc.	OTH			1,000.00	1,000.00	
	2641 S Main St Corona, CA 92882						
			::				

FPPC Form 460 -(JAN/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC	1,000.00	TOTAL\$_	(Add Lines 1 and 2. Enter here and on the Summary Page. Column A Line 1)
SCC - Small Contributor Committee	0.00	€	2. Amount received this period - unitemized
COM - Recipient Committee (other than PTY or SCC) OTH - Other PTY - Political Party	1,000.00		Amount received this period - itemized contributions (Includes all Schedule A subtotals)
** Contributor Codes			Schedule A Summary
	1,000.00	SUBTOTAL \$	

Supporting/Opposi Schedule D Summary of Expendit Candidates, Measu

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Summary of Expenditures	Statement o	Statement covers period	CALIFORNIA 460
Supporting/Opposing Other	from	01/01/2017	
Candidates, Measures and Committees	through 06/30/2017	06/30/2017	Page 5 of 10
NAME OF FILER Committee to Re-Elect Dick Haley Corona City Council 2020			I.D. NUMBER
			1337345

		03/24/2017	DATE
SUPPORT ☐ OPPOSE		03/24/2017 Lincoln Club of Riverside County	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE
Independent Expenditure	Non-Monetary Contribution	Monetary Contribution	TYPE OF PAYMENT
			DESCRIPTION (IF REQUIRED)
		500 00	AMOUNT THIS PERIOD
		500.00	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)
			PER ELECTION TO DATE (IF REQUIRED)

Schedule D Summary

1. Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.)

SUBTOTAL \$

500.00

- 2. Unitermized contributions and independent expenditures made this period of under \$100.
- 3. Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$
- 500.00

500.00 0.00

Schedule E			Statem	Statement covers period	CALIFORNIA	RNIA A GO
Payments Made			from	01/01/2017	FORM	400
			through	06/30/2017	Page	6 of 10
NAME OFFILER Committee to Re-Elect Dick Haley Corona City Con	Council 2020	0			1.D. NUMBER 1337	MBER 1337345
	ou may ent		vise, descr	Otherwise, describe the payment.	ónte	
campaign consultants campaign consultants OFC contribution (explain nonmonetary) civic donations candidate filing / ballot fees PHO	meetings and appearances office expenses petition circulating phone banks	ŭ		radio airtime and production costs returned contributions campaign workers' salaries t.v. or cable production costs candidate travel ledicion and more candidate travel ledicion and more candidate travel ledicion and more	Wests State	
candidate liting / ballot fees PHO fundraising expenses POL independent expenditures supporting/opposing others POS legal defense PRO campaign literature and mailings PRT	phone banks polling and survey research polling and survey and mess postage, delivery and mess professional services (legal, print ads	phone banks polling and survey research polling and survey research postage, delivery and messenger services professional services (legal, accounting) print ads	TRC cand TRS staff TSF trans VOT vote WEB infor	candidate travel, lodging and meals staff/spouse travel, lodging and meals transfer between committees of the same cat voter registration information technology costs (internet,e-mail)	meals nd meals of the same (internet,e-ma	meals nd meals of the same candidate/sponsor (internet,e-mail)
NAME AND ADDRESS OF PAYEE	CODE or	DESCRIPTION OF PAYMENT	AYMENT			AMOUNTPAID
American Legion	CVC					500.00
1024 S Main St Corona, CA 92882						
Branders	CMP					788.48
11870 Hialeah Gardens Blvd Unit 129B-297 Hialeah, FL 33018						
Circle City Kiwanis	cvc					100.00
P.O. Box 78146 Corona, CA 92877		:	11 13 13 13 13			
				SUE	SUBTOTAL \$	1,388.48
Schedule E Summary 1. Itemized payments made this period. (Include all Schedule E subtotals.)	ıls.) 🚛				. ω	8,469.86
 Unitermized payments made this period of under \$100schedule B, Part 1, Column (e).) 			2 TERRORE	555 8 55 557557 5575700	••••	5.00
4. Total payments made this period. (Add Line 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	and on the	Summary Page, Co	lumn A, Li	ži Vi	TOTAL \$	8,474.86

Schedule E (Continuation Sheet) Payments Made

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Designation (Volumentarion Origan)	Stateme	Statement covers period	CALIFORNIA A CO
rayments made	from	01/01/2017	FORM #OO
	through	through 06/30/2017	Page 7 of 10
NAME OF FILER Committee to Re-Elect Dick Haley Corona City Council 2020			I.D. NUMBER
			1337345
20179. If any of the fell with a second of the second of the fell with a second of the second of			

,	CODES:	
	CODES: If one of the following accurately descr	
	curately describes the payment, you may o	
	a may enter the code. Of	
	Otherwise,	
•	describe the payment.	

	LII campaign literature and mailings	LEG legal delense	_		ζ			CMP campaign paraphernalia/misc.	
	PRT print ads	PRO professional services (legal, accounting)		PHO phone banks			M1G meetings and appearances	MBR member communications	
	WEB information technology costs (internet,e-mail)	VOT voter registration	TRS staff/spouse travel, lodging and meals	TRC candidate travel, lodging and meals	TEL t.v. or cable production costs	SAL campaign workers' salaries	RFD returned contributions	RAD radio airtime and production costs	

2,520.00	SUBTOTAL \$		
			1195 Pomona Rd. Ste 101 Corona, CA 92882
70.00		LIT	Dallas Tuff & Associates
			1195 Pomona Rd. Ste 101 Corona, CA 92882
200.00		TIT	Dallas Tuff & Associates
			623 N Main St Corona, CA 92880
1,000.00		CVC	Corona Life Services
			P.O. Box 1965 Corona, CA 92878
250.00		CVC	Corona History Association
			815 W 6th St #170 Corona, CA 92882
1,000.00		CVC	Corona Historic Preservation Society
AMOUNTPAID	CODE or DESCRIPTION OF PAYMENT	CODE	NAME AND ADDRESS OF PAYEE

Schedule E (Continuation Sheet)	Statement covers period	CALIFORNIA
Fayments Made	from 01/01/2017	FORM 400
	through 06/30/2017	Page 8 of 10
NAME OF FILER Committee to Re-Elect Dick Haley Corona City Council 2020		I.D. NUMBER
		1337345

			cvc		-	_	CODE
legal defense campaign literature and mailings	independent expenditures supporting/opposing others	candidate filing / ballot fees	civic donations	contribution (explain nonmonetary)	campaign consultants	campaign paraphernalia/misc.	5: If one of the following accurately describe
PRO professional services (legal, accounting) PRT print ads	POS postage, delivery and messenger services	PHO phone banks	PET petition circulating	OFC office expenses	MTG meetings and appearances	MBR member communications	CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.
VOT voter registration WEB information technology costs (internet e-mail)	TRS staffspouse travel, lodging and meals TSF transfer between committees of the same candidate/sponso	TRC candidate travel, lodging and meals	TEL t.v. or cable production costs	SAL campaign workers' salaries	RFD returned contributions	RAD radio airtime and production costs	erwise, describe the payment.

WEB information technology costs (internet,e-mail)	
VOT voter registration	accounting)
TSF transfer between committees of the same candidate/sponsor	enger services
TRS staff/spouse travel, lodging and meals	
TRC candidate travel, lodging and meals	
TEL t.v. or cable production costs	
SAL campaign workers' salaries	
RFD returned contributions	

NAME AND ADDRESS OF PAYEE	CODE or DESCRI	DESCRIPTION OF PAYMENT	AMOUNTPAID
Lincoln Club of Riverside County	CTB		500.00
P.O. Box 20065 Riverside, CA 92516 ID No: 890418			
Peppermint Ridge	CVC		130.00
825 Magnolia Ave Corona, CA 92879			
Trimble & Company An Accountancy Corp.	PRO		2,931.38
5041 Ia Mart Dr Ste 110 Riverside, CA 92507			
YMCA	CVC		1,000.00
1331 River Rd Corona, CA 92880			

Schedule F Accrued Expenses (Unpaid Bills

SCHEDULE F

^ >>==> Д () -	Statement covers period	CALIFORNIA
Accided Expenses (Unipaid Bills)	from 01/01/2017	FORM
	through 06/30/2017	Page 9 of 10
NAME OF FILER Committee to Re-Elect Dick Haley Corona City Council 2020		I.D. NUMBER
		1337345
CODES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment.	ise, describe the payment.	

CUES: If one of the following accurately describes the payment, you may enter the code. Otherwise, describe the payment	s tne payment, you may ent	ter the code. Otherv	vise, describe the pa	vment.	
CMP campaign paraphernalia/misc.	MBR member communications		RAD radio airtime and production costs	production costs	
CNS campaign consultants	MTG meetings and appearances	ĬŠ.	RFD returned contributions	tions	
	OFC office expenses		SAL campaign worker	's' salaries	
CVC civic donations	PET petition circulating		TEL t.v. or cable prod	uction costs	
	_		TRC candidate travel	lodging and meals	
FND fundraising expenses		꿀	TRS_staff/spouse trav	el, lodging and meals	
		ssenger services	TSF transfer between committees of the sa	transfer between committees of the same candidate/sponsor	candidate/sponsor
LIT campaign literature and mailings	PRT print ade	al, accounting)	VOT voter registration	VOT voter registration	
		(a)	(d)	(c)	(d)
NAME AND ADDRESS OF CREDITOR	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING	AMOUNT INCURRED	AMOUNT PAID	OUTSTANDING
		OF THIS PERIOD	I HIS PERIOD	THIS PERIOD	OF THIS PERIOD
Trimble & Company An Accountancy Corp.	PRO	2,931.38	3,008.76	2,931.38	3,008.76
5041 La Mart Dr Ste 110					
Riverside, CA 92507		-			
				_	

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, column A, Line 9.)	2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)	1. Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)	Schedule F Summary
77.38	2,931.38	3,008.76	

SUBTOTALS \$

2,931.38 \$

3,008.76 \$

2,931.38 \$

3,008.76

Schedule I Miscellaneo

CALIFORNIA ASO

INCREASE TO CASH		DESCRIPTION OF RECEIPT	CEIVED NAME AND ADDRESS OF PAYEE	RECEIVED
				DATE
1337345	13			
ER	I.D. NUMBER		NAMEOFFILER Committee to Re-Elect Dick Haley Corona City Council 2020	NAME OF FIL
10 of 10	Page	through 06/30/2017		
4 4 0 0	FORM	from 01/01/2017	Miscellaneous incre ases to Cash	Miscella
RIA	CALIFOR	Statement covers period		

SUBTOTAL \$	47
Schedule I Summary	
1. Itemized increases to cash this period	\$ 0.00
2. Unitemized payments made this period of under \$100	\$ 44.91
3. Total interest received this period on loans made to others. (Schedule H, Column (e).)	\$ 0.00
4. Total miscellaneous increases to cash this period. Total to Summary Page, Line 14	\$ 44.91